Fill in this information to identify your case:						
Debtor 1	Roseann Meyers	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States I	Bankruptcy Court for the:	Eastern District of N	ew York			
Case number (if known)	8-18-73808-reg					

Check as directed in lines 17 and 21:
According to the calculations required by this Statement:
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
3. The commitment period is 3 years. 4. The commitment period is 5 years.
Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

	Part 1	Calculate Your Average Monthly Income	·				
	1. Wha	at is your marital and filing status? Check one only.					
		Not married. Fill out Column A, lines 2-11.)	
		Married. Fill out both Columns A and B, lines 2-11.				1	
Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.						⊦ıli ın	
					Column A Debtor 1	Column B Debtor 2 or non-filing sporse	U.S EAST
	2. Yo u pay	r gross wages, salary, tips, bonuses, overtime, and roll deductions).	commissions (before a	ali	\$ <u>3,512.20</u>	sm E	REAL BALL
	3. Aliı	nony and maintenance payments. Do not include pay	ments from a spouse.		\$ <u>0.00</u>	\$ 500000	SS23
	you an roo	amounts from any source which are regularly paid for your dependents, including child support. Include unmarried partner, members of your household, your demmates. Do not include payments from a spouse. Do not on the discussion of the support of	de regular contributions t ependents, parents, and	rom	\$ <u>0.0</u> 0	\$ D	PTCY OF
	5. Net	income from operating a business, profession, or	Debtor 1 Debtor 2				
١	Gro	ess receipts (before all deductions)		_		1	
l	Ord	linary and necessary operating expenses	- \$ <u>0.00</u> - \$	_) \	
	Ne	monthly income from a business, profession, or farm	\$_0.00 <u>\$</u>	Copy here	\$0.00	\$	
l	6. Ne	t income from rental and other real property	Debtor 1 Debtor 2			,	
	Gre	oss receipts (before all deductions)	\$_0.00 <u>\$</u>	_			
	Ore	tinary and necessary operating expenses	- \$ <u>0.00</u> - \$				
١	Ne	t monthly income from rental or other real property	s 0.00 s	Copy	. _s 0.00	\$	

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Roseann Meyers

Debtor 1

Case number (if known) 8-18-73808-req

Last Name Column A Column B Debtor 2 or Debtor 1 non-filing spouse 0.00 7. Interest, dividends, and royalties 0.00 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 0.00 For you..... 0.00 For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each 3,512.20 3.512.2 column. Then add the total for Column A to the total for Column B. Total average monthly income **Determine How to Measure Your Deductions from Income** Part 2: 12. Copy your total average monthly income from line 11. 3,512.20 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Total..... Copy here 👈 s 3,512.20 14. Your current monthly income. Subtract the total in line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 3,512.20 15a. Copy line 14 here x 12 Multiply line 15a by 12 (the number of months in a year). \$ 40,946.40 15b. The result is your current monthly income for the year for this part of the form.

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De	Roseann Meyers Case number (# known) 8-18-73808-reg		
-		First Name Middle Name Last Name	·
		A State of the Association of th	1
16.		e the median family income that applies to you. Follow these steps: NY) }
	16a. Fill	in the state in which you live.	
	16b. Fill	in the number of people in your household.	!
			53,132.00
	16c. Fill	in the median family income for your state and size of household	\$
	inst	ructions for this form. This list may also be available at the bankruptcy clerk's office.	
17	How do	the lines compare?	
		Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determ	nined under
	17a. [V]	11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C–2).	
	17b.	Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under	
		11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).	
		On line 39 of that form, copy your current monthly income from line 14 above.	
Pa	rt 3:	Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)	
			
18.	Сору уо	ur total average monthly income from line 11.	_{\$_} 3,512.20
19	Deduct f	he marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that	; } !
, 0.	calculating	ng the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy	
	the amou	ınt from line 13. e marital adjustment does not apply, fill in 0 on line 19a	_ s 0.00
		ı	2.542.20
	19b. Su	btract line 19a from line 18.	\$ <u>3,512.20</u>
20.	Calculat	e your current monthly income for the year. Follow these steps:	
		py line 19b	2 542 20
	20a. Co	by line 190.	\$ <u>3,512.20</u>
	Mu	ltiply by 12 (the number of months in a year).	x 12
	20b. The	e result is your current monthly income for the year for this part of the form.	\$ <u>40,946.40</u>
	20c. Cop	y the median family income for your state and size of household from line 16c.	\$ 53,132.00
		•	
21.		the lines compare?	!
	✓ Line	20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, commitment period is 3 years. Go to Part 4.	,
	Line	20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form,	
	chec	k box 4, The commitment period is 5 years. Go to Part 4.	
		Circo Balave	} -
P	art 4:	Sign Below	·
		By signing, here, under penalty of perjury I declare that the information on this statement and in any attachments is true a	and correct.
		* Hoslow Med ord *	,
		Signature of Debtor 1 Signature of Debtor 2	
			,
		Date (0 - /8 - 20 / 8 Date	
		MM / DD /YYYY MM / DD /YYYY	
		If you checked 17a, do NOT fill out or file Form 122C-2.	
		If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income	me from line 14 above.
1			